



POISONINGS

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Altered level of consciousness.
- Signs and symptoms of substance ingestion, inhalation, injection or surface absorption.
- History of substance poisoning.

II. PRIORITIES

- Assure the safety of EMS field personnel.
- Assure and maintain ABCs.
- Determine degree of physiological distress.
- Obtain vital signs, history and complete physical assessment including the substance ingested, the amount, the time substance was ingested and the route.
- Bring ingested substance to the hospital with patient.
- Expeditious transport.

III. BLS INTERVENTIONS

- Assure and maintain ABCs.
- Place patient on high flow oxygen as clinically indicated.
- Contact poison control (1-800-222-1222).
- Obtain accurate history of incident:
 - Name of product or substance.
 - Quantity ingested, and/or duration of exposure.
 - Time elapsed since exposure.

- Pertinent medical history, chronic illness, and/or medical problems within the last twenty-four (24) hours.
- Patient medication history.
- Monitor vital signs.
- Expeditious transport.

IV. LIMITED ALS (LALS) INTERVENTIONS PRIOR TO BASE HOSPITAL CONTACT

- Assure and maintain ABCs.
- Oxygen therapy as clinically indicated, obtain O₂ saturation on room air, unless detrimental to patient condition.
- Obtain vascular access at a TKO rate or if signs of inadequate tissue perfusion, administer 500 cc fluid challenge and repeat until perfusion improves.
- For pediatric patients with signs of inadequate tissue perfusion, administer 20 cc/kg IVP and repeat until perfusion improves.

V. ALS INTERVENTIONS PRIOR TO BASE HOSPITAL CONTACT

- Assure and maintain ABCs.
- Oxygen therapy as clinically indicated, obtain O₂ saturation on room air, unless detrimental to patient condition.
- Monitor cardiac status.
- Obtain vascular access at a TKO rate or if signs of inadequate tissue perfusion, administer 500 cc fluid challenge and repeat until perfusion improves.
- For pediatric patients with signs of inadequate tissue perfusion, administer 20 cc/kg IVP and repeat until perfusion improves.
- For phenothiazine “poisoning”, administer Diphenhydramine per ICEMA Reference #7040 - Medication - Standard Orders for ataxia and/or muscle spasms.
- For known organophosphate poisoning, administer Atropine per ICEMA Reference #7040 - Medication - Standard Orders.

VI. BASE HOSPITAL MAY ORDER THE FOLLOWING

- 1.* For tricyclic poisonings, administer Sodium Bicarbonate per ICEMA Reference #7040 - Medication - Standard Orders.
- 2.* For calcium channel blocker poisonings, administer Calcium Chloride per ICEMA Reference #7040 - Medication - Standard Orders, if hypotension or bradycardic arrhythmias persist.
- 3.* For beta blocker poisonings, administer Glucagon per ICEMA Reference #7040 - Medication - Standard Orders.
- 4.* Repeat Atropine in 2 - 4 mg increments until symptoms are controlled.

* May be done during radio communication failure (RCF).

VII. REFERENCE

<u>Number</u>	<u>Name</u>
7040	Medication - Standard Orders